

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH PTO-875)

SERIAL NO.

10/535617

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		3				
5		①				
6		②				
7		①				
8	1					
9		1				
10		1				
11		3				
12		①				
13		①				
14		3				
15	1					
16		1				
17		1				
18			1			
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25			1			
26				1		
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31				1		
32			1			
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43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	20	←	14	←		←
TOTAL CLAIMS	23	⊞	17	⊞		⊞

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		⊞		⊞		⊞

*Laurel*